

SUBSTANCE ABUSE PROGRAM (SAP) APPLICATION

Applicant must be within 24 months to Parole Board or serve out.

Applicant shall not have received a conviction of a Category 4 or above disciplinary violation within the past 60 days prior to submitting application.

NAME: _____ INMATE NUMBER: _____

INSTITUTION: _____ PED: _____ MED: _____

SSN: _____ DOB: _____ GENDER: ☐ Male ☐ Female

CUSTODY LEVEL: ☐ Community ☐ Minimum ☐ Restricted Minimum ☐ Medium ☐ Close ☐ Maximum

Disciplinary Reports in the Past Year: _____

The Department of Corrections substance abuse programs are based on the Therapeutic Community model of treatment. You will be expected to accept being held accountable for negative behaviors. You will receive consequences (Learning Experiences) for behaviors that need to be corrected. You will also receive recognition for positive behaviors. Our programs require a high level of honesty, integrity and hard work. You will be held to a much higher standard than the general population. Hopefully, you have made the commitment and are ready to begin the process of recovery.

SAP placement is determined by custody level, institutional need and available bed space. Requests to complete SAP at a specific location will not be accepted. All Department of Corrections approved Substance Abuse Programs are a minimum of six months.

IMPORTANT NOTES:

IF YOU REFUSE SAP AFTER BEING TRANSPORTED TO A FACILITY TO COMPLETE SAP YOU WILL BE CHARGED WITH A CATEGORY 4.11 OFFENSE, OBTAINING MONEY, GOODS, PRIVILEGES OR SERVICES UNDER FALSE PRETENSES.

YOU WILL BE UNABLE TO RE-APPLY FOR SAP FOR ONE YEAR, IF:

- You refuse the Substance Abuse Program more than once
- You are terminated from the Substance Abuse Program more than once
 - You are terminated from SAP or refuse SAP more than once

INMATE SIGNATURE

DATE

STAFF SIGNATURE

DATE

| If offender is in: | BCFC BCC RCC Minimum | GRCC KSP NTC | KCIW | KSR EKCC LLCC | LSCC | RCC Medium Security |
|----------------------|--------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|------|-------------------------------------------------------|
| Mail application to: | SAP Administrator P.O. Box 69 Lagrange, KY 40031 | SAP Administrator P.O. Box 9300 Central City, KY 42330 | SAP Administrator 300 Ash Avenue Peewee Valley, KY 40056 | SAP Administrator P.O. Box 6 Lagrange, KY 40031 | | SAP Administrator P.O. Box 6 Lagrange, KY 40031 |

| If offender is in: | Class D Jail Halfway House | OCC | WKCC | MAC |
|----------------------|-----------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| Mail application to: | SAP Administrator P.O. Box 2400 Frankfort, KY 40602 | SAP Administrator 327 KY Route 306 Wheelwright, KY 41669 | SAP Administrator 374 New Bethel Road Fredonia, KY 42411 | SAP Administrator 95 Raywick Rd. Highway 84 St. Mary, KY 40063 |

Revised 08/2011